

**North Carolina Medical Care Commission  
Community Benefits Report  
(Hospitals)**

(EXHIBIT B)

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_

For fiscal year ending: \_\_\_\_\_

**Direct Community Benefits**

Estimated Costs of Treating Charity Care Patients

Estimated Unreimbursed Costs of Treating Medicare Patients

Estimated Unreimbursed Costs of Treating Medicaid Patients

Estimated Unreimbursed Costs of Treating Patients from Other  
Government Non-Negotiated Plans

Unreimbursed Medical Education and Research Costs

Cash Donations

In-Kind Donations and Non-Billed Services

Payments made in lieu of taxes

**Total Direct Community Benefits**

*Less Other Tax Support or Other Subsidies Received for Provision of  
Community Benefits*

**Direct Community Benefits**

**Shared Community Benefits**

Non-Staff Professional Recruitment Expenses

Economic Development Expenses

Estimated Losses in Subsidized Hospital Services

**Shared Community Benefits**

**Bad Debt Costs**

**Estimated Costs of Treating Bad Debt Patients**

Note: Please refer to the NCHA Community Benefit Guidelines on the definitions and formulas for each Community Benefit line item ( [http://www.ncha.org/public/docs/CB\\_Guidelines.pdf](http://www.ncha.org/public/docs/CB_Guidelines.pdf)).